

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-016049

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2113

STATE FILE NUMBER

FILED APR 22 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City (20)	
Length of stay in 1b 30 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5800 Gardner		d. STREET ADDRESS (If outside, give location) 5800 Gardner	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Chester A Gilbert		4. DATE OF DEATH Month April Day 6 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 13-1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kansas City Sutheran		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11a. BIRTHPLACE (City and state or country) Pittsburg, Kansas		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME William C. Gilbert		13b. MOTHER'S MAIDEN NAME Mammie Meloy	
14. NAME OF HUSBAND OR WIFE Mrs. Bertha D. Gilbert		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) Yes W. W. II	
16. INFORMANT Mrs. Bertha D. Gilbert-5800 Gardner K.C., Mo.		17. ADDRESS 5800 Gardner K.C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Hypertension DUE TO (c) Severe Obesity		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 4-3-63 to 4-6-63 and last saw him alive on 4-5-63 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. Sam S. Misasi D.O.		22b. ADDRESS 3031 Indep Ave K.C. 24 Mo	
22c. DATE SIGNED 4-8-63		22d. LOCATION (City, town, or country) Gladstone, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 8, 1963	23c. NAME OF CEMETERY OR CREMATION White Chapel Mem. Gardens	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons-North Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 4-8-63	
26. REGISTRAR'S SIGNATURE Ruth Long			

USE BLACK INK

OR
TYPEWRITER RIBBON

Sam S. Miller D.O.

3031 Independence

el 1-0088

after 1:00 p.m. (40)

30 Year

Kansas City

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X

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U. S. A.

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STATEMENT BY LICENSED EMBALMER

208

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4949

P. O. Address No. Kansas City 16, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Missouri

Missouri

Missouri

Missouri

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Missouri

D.W. Newcomer's Sons-Missouri Kansas City, Mo.